Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14000

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Lang Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural, give location) 21 Lang Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) Maude (Middle) Elizabeth (Last) Aller

**4. DATE OF DEATH:** (Month) Dec. (Day) 23, (Year) 52

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify) Married

**8. DATE OF BIRTH:** May 7, 1879

**9. AGE** Last birthday: ~~74~~ 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Cumberland, Md.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Joseph Haines

**14. MOTHER'S MAIDEN NAME:** Mary C. Wolfe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, No or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** James M. Aller 21 Lang Ave.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Myocardial infarction | 6 hrs |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Generalized arteriosclerosis | unk |
| | DUE TO (c) Nephrosclerosis | unk |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Dec. 23, 1952, that I last saw the deceased alive on Dec. 22, 1952 and that death occurred at 6 A.M. P.M., from the causes and on the date stated above.

SIGNATURE Oliver Kaufelt (DEGREE OR TITLE) M.D. ADDRESS 202 Va Ave Cumberland, Md DATE SIGNED 12/24/52

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF 12-27-52 — NAME OF CEMETERY OR CREMATORY St Mary's Cem — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 26, 1952 — REGISTRAR'S SIGNATURE Walter K. Hanly, M.D.

**24. FUNERAL DIRECTOR** James F. Scarpelli ADDRESS Cumberland, Md

VS. A15 8-51

RECEIVED
DEC 30 1952
BUREAU V. S.

Within corporate limits.

14001

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) PARSONS (Middle) E. (Last) ARNOLD
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: [redacted] 6-20-1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED Farming Was Farm
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: GEORGE S. ARNOLD
14. MOTHER'S MAIDEN NAME: VIRGINIA PARSONS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MARY KIRK ROMNEY, WEST VIRGINIA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E812.4

Immediate cause (a) INTRACRANIAL HENORRHAGE DUE TO — ABOUT 1 HR.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) FRACTURED SKULL ALSO HAD BOTH LOWER LEGS

(c) BUMPER FRACTURES HIT BY AUTO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY — (CITY OR TOWN) NEAR ROMNEY (COUNTY) WEST VIRGINIA (STATE)

TIME OF INJURY (Month) 12 (Day) 28 (Year) 52 (Hour) 1:30 P.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? PASSING AUTO EMERGING FROM ONE CAR AND STRUCK BY ANOTHER

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V.DEMING M.D. H. V. Deming M.D. — CUMBERLAND, MARYLAND — 12-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 30, 1952 — NAME OF CEMETERY OR CREMATORY: Indian Mound Cem. — LOCATION (City, town, or county) Romney, West Virginia (State)

DATE REC'D BY LOCAL REG.: Dec. 28, 1952 — REGISTRAR'S SIGNATURE: Wm. K. Hanby, M.D. — 24. FUNERAL DIRECTOR: Thrush's — ADDRESS: Romney, W. Va.

RECEIVED
JAN 6 1953
BUREAU V. S.

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14002

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland

LENGTH OF STAY (in this place): 1/25/51

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg

STREET ADDRESS (If rural, give location): 254 Mechanic Street

**3. NAME OF DECEASED:** (Type or Print) (First) Mary (Maria) (Middle) C. (Last) Arnone

**4. DATE OF DEATH:** (Month) (Day) (Year) December 22, 19 52

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** 11/2/1871

**9. AGE last birthday:** 81 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Italy

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** Nutzy Arnone

**14. MOTHER'S MAIDEN NAME:** Rosie Arnone

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Allegany County Infirmary Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 592X Immediate cause | (a) Chronic Myocarditis, | ? |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) General arteriosclerosis | ? |
| | DUE TO (c) Chronic Nephritis | ? |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture — ?

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Dec. 22 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James F. McKaa M.D. 49 Greene St. 12.23.52

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF: Dec 26, 1952 — NAME OF CEMETERY OR CREMATORY: St. Patricks Cem — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: Dec. 23, 1952 — REGISTRAR'S SIGNATURE: Wintes K. Hanby, M.D. — **24. FUNERAL DIRECTOR** — ADDRESS: J. R. Durst " "

RECEIVED
DEC 30 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14003

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 1014. Gay Street

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) (Last) Ashton

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 2 1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Wheeler

14. MOTHER'S MAIDEN NAME: Julia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-14-6549 ~~None~~

17. INFORMANT & ADDRESS: James Ashton, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

577X

Immediate cause (a) Surgical shock — Interval Between Onset And Death: 1/2 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) intestinal resection, ileus (small bowel) — 5 days

DUE TO (c) previous operation, adhesions

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-27-52

19b. MAJOR FINDINGS OF OPERATION: multiple strangulations due to post operative adhesions

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26-1952, to 12-27-, 1952, that I last saw the deceased alive on 12-27-, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 30 1952
NAME OF CEMETERY OR CREMATORY: Sumner Cemetery
LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 30, 1952
REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
JAN 6 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14004

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): 27 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): 144. Polk Street

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Stevenson (Last) Barron

4. DATE OF DEATH: (Month) December (D.) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 6 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp

11. BIRTHPLACE (State or foreign country): Charles Town, Jefferson Co W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Barron

14. MOTHER'S MAIDEN NAME: Mary Ellen Bess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-7240

17. INFORMANT & ADDRESS: Mrs. Lula Barron, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Thrombosis, recurrent + ved — {3 days / 3 months

DUE TO

(c) Arteriosclerosis — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4 1952, to 12/22 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 3.45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Estelle G Freeman MD — ADDRESS: 59 Greene St Cumberland Md — DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: Dec 26, 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 26, 1952 — REGISTRAR'S SIGNATURE: Walter L. Tantz M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
DEC 30 1982
BUREAU V. S.

Within corporate limits: DR. JACOBSON

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14005

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2-DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTERNPORT
STREET ADDRESS (If rural give location): 411 SPRUCE STREET

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) P. (Last) BATIE

4. DATE OF DEATH: (Month) DECEMBER (Day) 10 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JULY 6, 1898

9. AGE Last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARVEY, WILLIAM

14. MOTHER'S MAIDEN NAME: STOVER, ELLA J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4211

Immediate cause — (a) Myocardial Failure — Interval Between Onset And Death: 12/8/52

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO — (b) Acute Anterior Myocardial Infarction — 12/8/52

DUE TO — (c) Coronary Artery Disease — ??

Hypertensive Vascular Disease — 12/9/52

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 8, 1952, to DEC. 10, 19 52 that I last saw the deceased alive on 12/10, 1952; and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 50 Pershing St Cumberland — DATE SIGNED: 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-14-52 — NAME OF CEMETERY OR CREMATORY: Rhodes Cemetery — LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR: DEC. 11, 1952 — REGISTRAR'S SIGNATURE: Walter R. Franke, M.D.C.S. — 24. FUNERAL DIRECTOR: Beal — ADDRESS: Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Outside of City Limits

Dr. Richard Williams

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 14006

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: near Cumberland, Rural

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. 3, Bedford Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Cumberland Rural

STREET ADDRESS (If rural give location): R.F.D. 3, Bedford Road

**3. NAME OF DECEASED:** (Type or Print) (First) Mary (Middle) Zulemma (Last) Beckman

**4. DATE OF DEATH:** (Month) December (Day) 10 (Year) 1952

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** August 2, 1882

**9. AGE last birthday:** 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Ret. School Teacher

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Purgittsville, W. Va.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Northman P. High

**14. MOTHER'S MAIDEN NAME:** Mary Ellen Liller

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** None

**17. INFORMANT & ADDRESS:** Mrs. Dorothy Buskey, Daughter

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chronic Hypertensive Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis

(c)

422

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Alley

(CITY OR TOWN) Cumberland (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 5/1/46 to 12/10/52, that I last saw the deceased alive on 12/10/52, and that death occurred at 3:20 pm from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. ADDRESS: Cumberland, Md. DATE SIGNED: 12/12/52

**23.** BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1952 — NAME OF CEMETERY OR CREMATORY: Fort Ashby Cemetery — LOCATION (City, town, or county) (State): Fort Ashby, W. Va.

DATE REC'D BY LOCAL REGISTRAR: Dec. 12, 1952 — REGISTRAR'S SIGNATURE: Walter K. Kantz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: John J. Hafer, Cumberland, Md.

VS. A15

DEC 17 1952

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14007

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15 8-51

**1. PLACE OF DEATH:**
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blackston Ave

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Blackston Ave

**3. NAME OF DECEASED:** (Type or Print) (First) Agnes (Middle) J. (Last) Brant

**4. DATE OF DEATH:** (Month) (Day) (Year) 12-10-52

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married

**8. DATE OF BIRTH:** July 28, 1899

**9. AGE last birthday:** 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Cumberland Md.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** John H. Maffley

**14. MOTHER'S MAIDEN NAME:** Anna Myers

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) None

**17. INFORMANT & ADDRESS:** Chester F. Brant Blackston Ave

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14/52, 19..., to 12/10/52, that I last saw the deceased alive on 12/10/52, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. K. Williams M.D. Cumberland 12/11/52

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF 12-13-52

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Dec. 12, 1952

REGISTRAR'S SIGNATURE Winter K. Hartz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS James F. Scarpelli Cumberland, Md.

DEC 1

Berry

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 14008 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Moscow; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bond; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) Ephriam (Middle) (Last) Broadwater

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3 Jan 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): 12 mi fr Bloomington Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Broadwater

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wheeler Broadwater, Barton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 442X (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 19 52, to 12-22, 19 52, that I last saw the deceased alive on 12-22 19 52 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE J E Berry (DEGREE OR TITLE) M.D. ADDRESS 122 Ashfield St, Piedmont W Va DATE SIGNED 12-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 12/24/52 NAME OF CEMETERY OR CREMATORY Broadwater Cemetery LOCATION (City, town, or county) (State) Garrett Co, Md.

DATE REC'D BY LOCAL REG. Dec 24, 1952 REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR E.S. Boal ADDRESS Westernport, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

14009

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke
LENGTH OF STAY (In this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: W.Va.Pulp & Paper Co.yard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 11.1/2 Fifth St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) L (Last) Brown

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 20-1920

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Constructoral iron worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cumberland,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur L.Brown

14. MOTHER'S MAIDEN NAME: Harriett R.Dolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY No.: 214-05-9874

17. INFORMANT AND ADDRESS: Mrs Robert Brown,Cumberland,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Intrathoracic hemorrhage due to a crushed

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): chest,also intra-abdominal hemorrhage due
(c): ruptured liver and spleen.

INTERVAL BETWEEN ONSET AND DEATH: at once / to

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes* ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Luke Paper Mill (CITY OR TOWN) Luke (COUNTY) Allegany (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec.15/52 11:30 A. m.

INJURY OCCURRED While at work ☐* Not while at work ☐

HOW DID INJURY OCCUR? A piece of channel iron became unhooked from crane and hit him on the back.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☑, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland,Md. Dec.15-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 18, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG.: Dec. 16, 1952

REGISTRAR'S SIGNATURE: Jas. C. Kelly Dec 17, 1952

24. FUNERAL DIRECTOR: James F. Scarpelli, " "

ADDRESS

V.S. A-5a

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14010

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

14-4

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 27 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland — COUNTY: Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland

STREET ADDRESS (If rural give location): 1513 Bedford Street

**3. NAME OF DECEASED:** (Type or Print) (First) Harry (Middle) Orten (Last) Bruner

**4. DATE OF DEATH:** (Month) Dec (Day) 16 (Year) 1952

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** Oct 10 1872

**9. AGE last birthday:** 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Gen Farming

**11. BIRTHPLACE** (State or foreign country): Centerville Bedford Co Pa

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Joseph Bruner

**14. MOTHER'S MAIDEN NAME:** Amanda Elliott

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Mrs Edith Bruner, Cumberland, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Myocardial infarction — Interval Between Onset And Death: 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Dec 16, 1952, that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 8-25 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title): Olive Ralph Lee M.D. — ADDRESS: 202 Va Ave Cumberland Md — DATE SIGNED: 12/18/52

**23.** BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 19, 1952 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Centerville, Bedford Co Pa.

DATE RECD BY LOCAL REGISTRAR: Dec. 18, 1952 — REGISTRAR'S SIGNATURE: Walter L. Healy, M.D.

**24.** FUNERAL DIRECTOR: William H. Kight — ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
V. S.

14611

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH**
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Rural) Clarysville
LENGTH OF STAY (In this place): at once
HOSPITAL OR INSTITUTION OR STREET ADDRESS: about 1/2 mile south of Clarysville, route #55

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D.#1 Frostburg
STREET ADDRESS (If rural, give location): Vale Summitt, Md.

**3. NAME OF DECEASED (Type or Print)**: (First) Madeline (Middle) F. (Last) Carter

**4. DATE OF DEATH**: (Month) Dec. (Day) 24 (Year) 1952

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | Widow | Jan. 8-1908 | 44 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| In Dye house, Celanese Corp. of Am. | | Vale Summit, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Andrew Finn | Mary Higgins |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | 213-22-4442 | brother) Joseph Finn, Frostburg, Md. |

**18. MEDICAL CERTIFICATION**

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intracranial hemorrhage due to | at once |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) fracture of the skull | |
| | (c) Walking on road, hit by an auto. | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rt. #55 Highway | near (CITY OR TOWN) Clarysville (COUNTY) Allegany (STATE) Md. |
|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Walking on road and hit by auto going in same direction. |
| Dec. 24/52 P. m. 6:30 | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.V. Deming M.D. H.V. Deming MD | | Cumberland, Md. | Dec. 25-1952 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) (State) |
|---|---|---|---|
| Burial | 12-29-1952 | St. Michaels Cem | Frostburg, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-26-52 | Mrs Nancy V. Rice | Jacob Hafer | Frostburg, Md. |

VS-415A

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14612

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 446 8-51

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg,
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg,
STREET ADDRESS (If rural, give location) 30 Beall

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Leonard (Last) Clark

4. DATE OF DEATH: (Month) 12, (Day) 24, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 14th, 1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Clay Miner

10b. KIND OF BUSINESS OR INDUSTRY: Clay Mining

11. BIRTHPLACE (State or foreign country): Finzel, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Clark

14. MOTHER'S MAIDEN NAME: Hylie Winebrenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 213-10-9899

17. INFORMANT & ADDRESS: Carl Clark, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

593 Immediate cause (a) Bright's Disease — DUE TO — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952 to Dec. 24, 1952, that I last saw the deceased alive on 12-24, 1952, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Adolph Wolferman M.D. ADDRESS Frostburg DATE SIGNED 12-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 28, 1952

NAME OF CEMETERY OR CREMATORY Johnson's Cemetery

LOCATION (City, town, or county) (State) Garrett County, Md.

DATE REC'D BY LOCAL REG. 12-29-52

REGISTRAR'S SIGNATURE Mrs Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS Joseph R. Durst, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14013

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): 51 W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) DIANA (Middle) (THOMAS) (Last) COLBORN

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 5-21-1863

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Eckhart, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph B. Thomas

14. MOTHER'S MAIDEN NAME: Martha Davies

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Susan Richmond, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Hypertension DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio sclerosis DUE TO

(c)

Interval Between Onset And Death: Several years / " "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchial asthma

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec 16, 1952, that I last saw the deceased alive on Dec 16, 19 52 and that death occurred at 4:45 P, from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Frostburg Md DATE SIGNED: Dec 17 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 12-18-1952 NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-18-52 REGISTRAR'S SIGNATURE: Mrs. Nancy A. Roe

24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. ADDRESS

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14014

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 115—1951

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 11/22/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinto
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Collins

4. DATE OF DEATH (Month) (Day) (Year) December 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8/9/1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired -

10b. KIND OF BUSINESS OR INDUSTRY: Farming - Own farm

11. BIRTHPLACE (State or foreign country): Flintstone, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Collins

14. MOTHER'S MAIDEN NAME: Susan Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Hypostasis — Interval between onset and death: 72 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Myocarditis — ?

DUE TO (c) General arteriosclerosis. — ?

42-1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis. - ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1952, to Dec 17, 1952, that I last saw the deceased alive on Dec. 16th, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (DEGREE OR TITLE) M.D. ADDRESS 49 Greene St. DATE SIGNED 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/19/52 — NAME OF CEMETERY OR CREMATORY Pinto Mennonite Cem. — LOCATION (City, town, or county) (State) Cresaptown Md

DATE REC'D BY LOCAL REG. Dec. 19, 1952 — REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumb. Md.

RECEIVED
DEC
BUREAU V. S.

14015

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
LENGTH OF STAY (in this place): 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) May (Last) Cook

4. DATE OF DEATH: (Month) Dec.. (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 7, 1870

9. AGE last birthday: 82 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Frederick Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bloom

14. MOTHER'S MAIDEN NAME: Eliza Boden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Dr. E.H.Cook, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis, Chronic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostasis,

(c) Virus Influenza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Dec 8, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.H.Mackeen M.D. ADDRESS: 44 Queen St Cumberland Md DATE SIGNED: 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Ded.11,1952

NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec 10 1952

REGISTRAR'S SIGNATURE: Lloyd Wolfe

24. FUNERAL DIRECTOR: Harvey H. Zeigler, Hyndman, Pa.

Within corporate limits DR/ R. WILLIAMS

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34016

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS ATS 8-51

**1. PLACE OF DEATH:**
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: MD.. COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 17 N. WAVERLY TERRACE

**3. NAME OF DECEASED (Type or Print):** (First) William (Middle) MURRAY (Last) CORDRY

**4. DATE OF DEATH:** (Month) DEC. (Day) 26 (Year) 19 52

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married DIVORCED

**8. DATE OF BIRTH:** Feb. [redacted] 11, 1885

**9. AGE last birthday:** 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Interior Exterior decorator

**10b. KIND OF BUSINESS OR INDUSTRY:** Self employed

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** WILLIAM A. CORDRY

**14. MOTHER'S MAIDEN NAME:** Letha [redacted] WOLFORD

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL, CUMBERLAND, MD.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153 Immediate cause (a) Coronary Thrombosis — DUE TO — Interval between onset and death: 1 Hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 4/5/51, 19..... to 12/26/52, 19....., that I last saw the deceased alive on 12/26/52, 19....., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS Cumberland DATE SIGNED 12/29/52

**25. BURIAL, CREMATION, REMOVAL (Specify):** Burial — DATE THEREOF Dec. 29 1952 — NAME OF CEMETERY OR CREMATORY St. Patricks — LOCATION (City, town, or county) Cumberland, (State) Maryland

DATE REC'D BY LOCAL REG. Dec. 29, 1952 — REGISTRAR'S SIGNATURE Walter R. Haas, M.D.

**24. FUNERAL DIRECTOR** H. Wayne George, — ADDRESS "

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JAN 6 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14017

# CERTIFICATE OF DEATH

DR. R. WILLIAMS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDLAND
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED:** (Type or Print) (First) LAURA (Middle) (Last) CORRIGAN

**4. DATE OF DEATH:** (Month) DECEMBER (Day) 11, (Year) 19 52

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOW

**8. DATE OF BIRTH:** JANUARY 15, 1872

**9. AGE Last birthday:** 80 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): HOUSEWIFE

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Barton, MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** JACOB [redacted] Fouch

**14. MOTHER'S MAIDEN NAME:** NANCY BROADWATER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL - CUMBERLAND, MD.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chronic Myocarditis — Interval Between Onset And Death: 1 Yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

**19a. DATE OF OPERATION:** —

**19b. MAJOR FINDINGS OF OPERATION** —

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/10/52, 19..., to 12/11/52, 19..., that I last saw the deceased alive on 12/10/52, 19..., and that death occurred at 6:29 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. Williams M.D.

ADDRESS: Cumberland Md.

DATE SIGNED: 12/13/52

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF: Dec. 13 1952

NAME OF CEMETERY OR CREMATORY: Belvedere Cemetery

LOCATION (City, town, or county) (State): Midland, Maryland

DATE RECD BY LOCAL REGISTRAR: Dec 12, 1952

REGISTRAR'S SIGNATURE: Winter R. Hartz, M.D.

**24. FUNERAL DIRECTOR:** George Eichhorn, Lonaconing,

ADDRESS: "

Outside of City Limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14018

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct place is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted], Near Cumberland, Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Heights, R. F. D. #6. ~~LaVale, Nr. Cumberland~~

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~[redacted]~~, Near Cumberland, Rural

STREET ADDRESS (Rural route number) Park Heights, R. F. D. #6 ~~LaVale, Near Cumberland~~

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) (Day) (Year) |
|---|---|---|---|
| Louisa | A. | Coulehan | December 19 19 52 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widowed | April 22, 1869 | 83 yrs. | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Cumberland, Maryland | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Charles F. Demoss | Lavinia Simpkins |

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | Mrs. Leila Mathews, Daughter |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute on Chronic Myocarditis — Interval Between Onset And Death: 4 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart disease — several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from ..... ,1950, to Dec 19, 1952, that I last saw the deceased alive on Dec 17, 1952 and that death occurred at 7.20 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| [signature] | M.D. | Cumberland Md | Dec 21/52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 22, 1952 | Rose Hill Cemetery | Cumberland, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Dec. 22, 1952 | Winter R. Frank, M.D. | John J. Hafer, Cumberland, Maryland |

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

14019 4
Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5 8-51

**1. PLACE OF DEATH:**
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Cumberland, Rural
STREET ADDRESS (If rural, give location) [illegible] R.F.D. 4, LaVale

**3. NAME OF DECEASED:** (Type or Print) (First) Robert (Middle) Vincent (Last) Coulehan

**4. DATE OF DEATH:** (Month) (Day) (Year) December 3, 19 52

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married

**8. DATE OF BIRTH:** Sept. 6, 1892

**9. AGE last birthday:** 60 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Clerk

**10b. KIND OF BUSINESS OR INDUSTRY:** Commerce Comm.

**11. BIRTHPLACE** (State or foreign country): Cumberland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Bernard Coulehan

**14. MOTHER'S MAIDEN NAME:** Louisa De Moss

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) None

**16. SOCIAL SECURITY No.:** None

**17. INFORMANT & ADDRESS:** Mrs. Anna M. Coulehan, Wife

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X
Immediate cause (a) Acute Cold — Interval between onset and death: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Active Pulmonary Tuberculosis — 12 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47, to 12-3, 19 52, that I last saw the deceased alive on 12-3, 19 52 and that death occurred at 9:54 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. J. Johnson M.D. Cumberland Md 12-5-52

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF: Dec. 6, 1952

NAME OF CEMETERY OR CREMATORY: STS. Peter & Pauls

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Dec. 5, 1952

REGISTRAR'S SIGNATURE: Wesley R. Haury, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

14020

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. /

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Picardy; LENGTH OF STAY (In this place): 1.1/2 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: in auto, ona farm, in Mt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural)Picardy; STREET ADDRESS (If rural, give location): R.F.D, from Paw Paw, W.Va.

3. NAME OF DECEASED (Type or Print): (First) ADERIAN Adrarian; (Middle) Leroy; (Last) Crabtree

4. DATE OF DEATH: (Month) Dec.21; (Day); (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 5-1913

9. AGE Last birthday: 39 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber cutter

10b. KIND OF BUSINESS OR INDUSTRY: self-employed

11. BIRTHPLACE (State or foreign country): Town Creek, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Argyle Crabtree

14. MOTHER'S MAIDEN NAME: Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-14-7887

17. INFORMANT AND ADDRESS: aunt) Olive Parker, R.F.D. Paw Paw. W.Va

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carbon monoxide poisoning — Interval between onset and death: 1.1/2 hr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Asleep in car with auto engine running.

(c):

E911.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING *, CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): in auto on a farm near (CITY OR TOWN): Picardy (COUNTY): Allegany (STATE): Md.

(Month) & (Day) of INJURY: Dec.21/52 A. (Hour): 12:30 m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Asleep in auto with engine running.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [ ] * suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title): H.V.Deming M.D. H.V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Dec.22-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 12/23/52; NAME OF CEMETERY OR CREMATORY: Oldtown Cem.; LOCATION (City, town, or county) (State): Oldtown, Maryland

DATE REC'D BY LOCAL REG.: Dec. 23, 1952; REGISTRAR'S SIGNATURE: Marie L Twigg

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

DR. R. WILLIAMS
Item #8, Film 0149
12/15/52, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

# CERTIFICATE OF DEATH

14021

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 15

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): SIX DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FLINTSTONE, Rural
STREET ADDRESS (If rural give location): ROUTE #2

3. NAME OF DECEASED (Type or Print): (First) VIOLA (Middle) G. (Last) CRABTREE

4. DATE OF DEATH: (Month) DECEMBER (Day) 2 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 4, 1886

9. AGE Last birthday: 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL TWIGG

14. MOTHER'S MAIDEN NAME: AMANDA KIFER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertension & Arteriosclerosis — —
260X
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26/52, 19..., to 12/2/52, 19..., that I last saw the deceased alive on 12/2/52, 19..., and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): R. R. Williams M.D.
ADDRESS: Cumberland
DATE SIGNED: 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 5 52
NAME OF CEMETERY OR CREMATORY: Glendale Cem
LOCATION (City, town, or county): Flintstone
(State): Md

DATE REC'D BY LOCAL REGISTRAR: Dec. 5, 1952
REGISTRAR'S SIGNATURE: Walter R. Mark, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc.
ADDRESS: Cumberland Md

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14622

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Cumberland
MARYLAND LENGTH OF STAY (in this place): 12/3/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland, rural
STREET ADDRESS (If rural give location): R.F.D. 5, ~~Retreat~~ Braddock Rd.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Nathaniel (Last) Crosby

4. DATE OF DEATH: (Month) December (Day) 7, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 25, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer - retired

10b. KIND OF BUSINESS OR INDUSTRY: Kelly Tire Co

11. BIRTHPLACE (State or foreign country): Meyersdale, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nathaniel Crosby

14. MOTHER'S MAIDEN NAME: Elizabeth Lyborger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension — ?

DUE TO (c) General arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Dec. 7th, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Frantz M.D. ADDRESS 49 Greene St. DATE SIGNED 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 9, 1952 — NAME OF CEMETERY OR CREMATORY Eckhart Cemetery — LOCATION (City, town, or county) (State) Eckhart, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 9, 1952 — REGISTRAR'S SIGNATURE Victor L. Frantz M.D.

24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

VS. A15

14023

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 5

Dr. Louis Bruning

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/AIB 8-51

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 205 McMullen Hwy.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown

STREET ADDRESS (If rural, give location): 205 McMullen Hwy.

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ANN | E. | DEAN | Dec. | 28, | 19 52 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | Aug. 20, 1863 | 89 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Elkton, Va. | U. S. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Soloman Dean | Emily Coleman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| No | | None | Ruben B. Dean Cresaptown, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerosis, generalized | 10 years |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Senility | |
| DUE TO | | |
| | (c) | |

45.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | | | |

22. I hereby certify that I attended the deceased from 12-19, 19 52, to 12-28, 19 52, that I last saw the deceased alive on 12-19, 19 52, and that death occurred at 12:35 A. m., from the causes and on the date stated above.

SIGNATURE: L. Bruning (DEGREE OR TITLE) MD ADDRESS 5 Bruning Pl. DATE SIGNED 12-28-52

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12-30-1952 | Dean Cemetery | Elkton, Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 28, 1952 | M. M. Sarmuter | Charles L. George | Cumberland, Md. |

RECEIVED
JAN 6 19
BUREAU V. S

Within corporate limits

DR. ROBINSON MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 4024

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: CUMBERLAND, MD.

LENGTH OF STAY (in this place): 15 HRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MARYLAND — COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural give location): 313 PENNSYLVANIA AVE.,

**3. NAME OF DECEASED:** (Type or Print) (First) Baby (Middle) Girl (Last) DELAWDER

**4. DATE OF DEATH:** (Month) DEC. (Day) 6 (Year) 1952

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): SINGLE

**8. DATE OF BIRTH:** DEC. 5 1952

**9. AGE** Last birthday: ... IF UNDER 1 YEAR: Months ... Days 1 — IF UNDER 24 HRS.: Hours 6 — Min. 30

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Infant

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): CUMBERLAND, MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** USA.

**13. FATHER'S NAME:** WELTON F. DELAWDER

**14. MOTHER'S MAIDEN NAME:** HANNAH MAY THOMPSON

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

776+

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1952 to Dec 6, 1952 that I last saw the deceased alive on Dec 6, 1952 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE: Thomas Robinson (Degree or title) M.D. ADDRESS: 1325 Liberty St. Cumberland, Md DATE SIGNED: 12/8/52

**23.** BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Dec. 8 1952 — NAME OF CEMETERY OR CREMATORY: Memorial Hosp. — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 8, 1952 — REGISTRAR'S SIGNATURE: Walter K. Hartz, M.D. — **24.** FUNERAL DIRECTOR: Memorial Hosp. — ADDRESS: "

10V2214220

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 14025

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 31 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BARTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) DYE

4. DATE OF DEATH: (Month) DEC. (Day) 11 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOVEMBER 16, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mine

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES W. DYE

14. MOTHER'S MAIDEN NAME: FOUCH, MARGARET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-10-4423

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0
Immediate cause (a) Mesentric Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Jaundice
DUE TO (c) Cirrhosis Liver

Interval Between Onset And Death
24 hours
20 days?
3 3?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1952 to Dec 11, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James Jacobson M.D. 50 Pershing St Cumberland Md 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 12-14-52 Laurel Hill Cemetery Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
Dec. 14, 1952 Minter L. Hartz M.D.

24. FUNERAL DIRECTOR ADDRESS
E. S. Bond, Westernport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14028

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 147 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 147 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (McFARLAND) (Last) FATKIN

4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10-29-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Loartown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McFarland

14. MOTHER'S MAIDEN NAME: Margaret Loar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Marshall Albright, Loartown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

434.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D. — ADDRESS: Frostburg, Md — DATE SIGNED: 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-14-1952 — NAME OF CEMETERY OR CREMATORY: Vale Summit M. E. Cem. — LOCATION (City, town, or county) (State): Vale Summit, Md.

DATE RECD BY LOCAL REGISTRAR: 12-14-52 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

DEC
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Sarah | Rebecca | Ferrebee | Dec. 12, 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Divorced | Dec. 13, 1870 | 81 yrs. | 11 | 29 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Mineral Co., W. Va. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Ferrebee | Margaret Rotruck |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Lawrence Miller Lonacoring, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 12 hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Left sided Heart Failure | 12 hrs. |
| | (c) Arteriosclerotic Heart Disease | 2-4 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 12 Dec., 19 52, to 12 Dec., 19 52, that I last saw the deceased alive on 12 Dec., 19 52, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE George J. Richards Jr. (Degree or title) ADDRESS Lonaconing, Md. DATE SIGNED 12/13/52

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 12-15-52 | Thrush Cemetery | Mineral Co. | W.Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-15-52 | Jaundice M. Groll | George Eichorn | Lonacoring, Md. |

DR. TOLSON

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14026

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: ALLEGANY — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
   LENGTH OF STAY (in this place): 10 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: PENNA. — COUNTY: Bedford
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BEDFORD
   STREET ADDRESS (If rural give location): 618 S. JULIANNA ST.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) FERREE

4. DATE OF DEATH: (Month) DEC. (Day) 11 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 3, 1868

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FERREE, JOHN

14. MOTHER'S MAIDEN NAME: HARVEY, REBECCA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Benign Hypertrophy Prostate — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerosis, myocardial degeneration

19a. DATE OF OPERATION: 12-9-52

19b. MAJOR FINDINGS OF OPERATION: enlarged prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1- ,1952, to 12-11- ,1952, that I last saw the deceased alive on 12-11-, 1952 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard L. Tolson, MD — ADDRESS: Cumberland, Md. — DATE SIGNED: 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1952 — NAME OF CEMETERY OR CREMATORY: Fosterstown Cem — LOCATION (City, town, or country) (State): Fisherstown, Penna.

DATE REC'D BY LOCAL REGISTRAR: Dec. 12, 1952 — REGISTRAR'S SIGNATURE: Wirta L. Hartz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George, Cumberland, Md.

VS-A15

DEC 11
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14027

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 58 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Wallace St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 224 Wallace St.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Grant (Last) Francis

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 24-1894

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Porter

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Cumberland,Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Francis

14. MOTHER'S MAIDEN NAME: Atsey Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: brother- Carl Francis,Cumberland,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal disease — Interval between onset and death: about 5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱ Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland,Md. Dec.16-1952

27. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 18, 52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Dec. 18, 1952

REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Daus Stein, Inc. Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14930

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; MARYLAND LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) Washington St. Extended

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) J (Last) Tallis

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 27-1866

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Tallis

14. MOTHER'S MAIDEN NAME: Susan Hankey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs W. E. Tallis Frostburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1947

Immediate cause (a) Carcinoma of Rectum

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19.. to Dec 22, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 8:00 A., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Wm C Lane M D ADDRESS Frostburg Md DATE SIGNED Dec 23 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12-24-1952; NAME OF CEMETERY OR CREMATORY Laurel Hill; LOCATION (City, town, or county) Meadow Mt (State)

DATE REC'D BY LOCAL REGISTRAR 12-23-52; REGISTRAR'S SIGNATURE Mrs Nancy N. Doe

24. FUNERAL DIRECTOR Jacob Rapp ADDRESS Frostburg, Md.

DEC 29 1992

DR. SIMONS

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1

14031

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY: ALLEGANY — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 5 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: MARYLAND — COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR: ~~Town~~ CUMBERLAND, Rural

STREET ADDRESS (If rural give location): R.F.D.#3 Bedford Rd.

**3. NAME OF DECEASED:** (Type or Print) (First) MYRTLE (Middle) V. (Last) GILLUM

**4. DATE OF DEATH:** (Month) DEC. (Day) 15 (Year) 52

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED

**8. DATE OF BIRTH:** MAY 4, 1879

**9. AGE last birthday:** 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own home

**11. BIRTHPLACE** (State or foreign country): Hazen, Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** MILTON C. [redacted] Hendrickson

**14. MOTHER'S MAIDEN NAME:** VIRGINIA SMOUSE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** None

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL, CUMBERLAND, MD

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 5 days

Immediate cause — (a) Cerebro vascular accident — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertension — DUE TO — (c) Arteriosclerosis

3/14

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1952, to 12/15, 1952, that I last saw the deceased alive on 12/15, 1952 and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kenneth M. Brown M.D — ADDRESS: Cumberland Md — DATE SIGNED: 12/15/52

**23.** BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/18/52 — NAME OF CEMETERY OR CREMATORY: Zion Memorial Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 17, 1952 — REGISTRAR'S SIGNATURE: Wenter K. Santz, M.D.

**24.** FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14032

# CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Pearl (Last) Goebel

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 18 Feb 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Moscow, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Shaw

14. MOTHER'S MAIDEN NAME: Sarah Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Alberta Warnick, LaVale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 422.1 Immediate cause | (a) Broncho-pneumonia (terminal) | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Chronic Myocarditis | 14 yr |
| 178X | DUE TO (c) Arterio-Sclerosis | 14 yr |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma - rt. breast — 14 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Dec 1, 1952, that I last saw the deceased alive on Dec 1, 1952, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Norman Reese, M.D. ADDRESS Westernport Md DATE SIGNED 12-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec 4, 1952

NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery

LOCATION (City, town, or county) (State) Moscow, Md.

DATE REC'D BY LOCAL REG. Dec 5, 1952

REGISTRAR'S SIGNATURE Marjorie C. Kelly

24. FUNERAL DIRECTOR E. S. Boal

ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSD 16 8-51

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

# CERTIFICATE OF DEATH

11033

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1304 Holland St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 1304 Holland St.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Reynolds (Last) Graham

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 31 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life (even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Int Garage Ind
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis P Reynolds
14. MOTHER'S MAIDEN NAME: Emma Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Lloyd E. Schmerling (above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 602X Pyelonephritis — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Nephrosclerosis — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1952, to Dec 21, 1952, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. W. Trescher, Jr. M.D.
ADDRESS Cumberland
DATE SIGNED 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 24 52
NAME OF CEMETERY OR CREMATORY St Patricks Cem.
LOCATION (City, town, or county) Int Garage (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 23, 1952
REGISTRAR'S SIGNATURE Wm. K. Hanby, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc.
ADDRESS Cumberland Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18, 31

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
MARYLAND
LENGTH OF STAY (in this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt. Savage
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) GRAHAM

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 4-26-1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired car builder

10b. KIND OF BUSINESS OR INDUSTRY: C. & P. R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Colin Graham

14. MOTHER'S MAIDEN NAME: Margaret Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mary Koontz, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary infarction, massive — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Acute Appendicitis — 2 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — ? Years

19a. DATE OF OPERATION: 12-14-52

19b. MAJOR FINDINGS OF OPERATION: Purulent fluid in cavity - Ac. App

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1952, to Dec 28, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 3 20/A M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: Cumberland Md.

DATE SIGNED: 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-31-52

NAME OF CEMETERY OR CREMATORY: St. Georges Cemetery

LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 30, 1952

REGISTRAR'S SIGNATURE: [signature] M.D.

24. FUNERAL DIRECTOR: J. R. Durst

ADDRESS: Frostburg, Md.

VS. A15

RECEIVED
6 1953
BUREAU V. S.

Dr. Dunnett

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4635

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

MARYLAND — LENGTH OF STAY (in this place): 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 405 East Oldtown Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural give location): 405 East Oldtown Road

**3. NAME OF DECEASED:** (Type or Print) (First) Arletta (Middle) Mae (Last) Grayson

**4. DATE OF DEATH:** (Month) December (Day) 30 (Year) 19 52

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** May 8, 1865

**9. AGE last birthday:** 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Westernport, Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Jefferson Fazenbaker

**14. MOTHER'S MAIDEN NAME:** Mary Michael

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO:** None

**17. INFORMANT & ADDRESS:** Mrs. George W. Fisher, Daughter

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Uraemia | 10 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Chronic myocarditis | 5 yrs |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

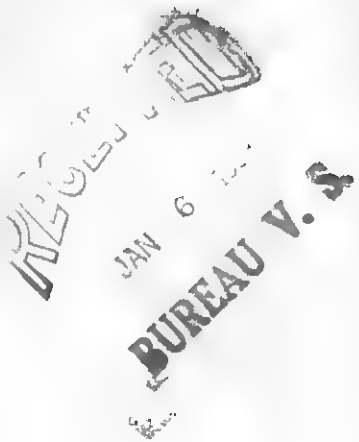
22. I hereby certify that I attended the deceased from Nov. 15, 19 52, to Dec. 30, 19 52, that I last saw the deceased alive on Dec. 27, 19 52, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clay R. Dunnett - M.D. ADDRESS: Cumberland DATE SIGNED: 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 2 1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Jan. 2, 1953 — REGISTRAR'S SIGNATURE: Walter L. Frank, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hafer, Cumberland, Maryland


JAN 6
BUREAU V. S.

Within corporate limits of Cumberland

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14,036

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Route 1, Ridgeley, W. Va.
STREET ADDRESS (If rural give location) Wiley Ford, near Ridgeley, W. Va

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Leona (Last) Hare

4. DATE OF DEATH: (Month) December (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: August 19, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zack McAbee

14. MOTHER'S MAIDEN NAME: Edith Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James E. Hare, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic Coma — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Art Lab C.E. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Cumberland (COUNTY) Alley (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/15/51, 19.., to 12/21/52 19.., that I last saw the deceased alive on 12/21/52, 19.., and that death occurred at 9:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Williams M.D. ADDRESS Cumberland Md. DATE SIGNED 12/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 24 1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 24, 1952

REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 [illegible] 1037

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1703 Lexington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 1703 Lexington Ave

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) C (Last) Harper

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 19 52

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: March 25 1886 — 9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railway B&O

11 BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cleveland Harper

14. MOTHER'S MAIDEN NAME: Elizabeth Harness

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Clarence Harper, Cumberland Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) — DUE TO (c)

426.1

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 19 52, to Dec 28, 19 52, that I last saw the deceased alive on Dec 28, 19 52, and that death occurred at 7:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Dwight R. Lemmon M.D. — ADDRESS Cumberland — DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 31 52 — NAME OF CEMETERY OR CREMATORY Mt Hermon Cem — LOCATION (City, town, or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 31, 1952 — REGISTRAR'S SIGNATURE Victor K. Frantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1038

# CERTIFICATE OF DEATH

Reg. Dist. No. 6

Dr Wilson

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankl[illegible] — LENGTH OF STAY (In this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) Annie (Middle) (Last) Harris

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Franklin, Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Evan Jones

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Thomas Harris Westernport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration not Specified as Rheumatic — INTERVAL BETWEEN ONSET AND DEATH: 3 Years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. chronic Nephritis — 3 Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Dec. 30, 1952, that I last saw the deceased alive on Dec. 29, 1952, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE Paul A. Wilson (DEGREE OR TITLE) M.D. ADDRESS Redmont W Va DATE SIGNED Dec. 31, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1/1/53 — NAME OF CEMETERY OR CREMATORY Philos Cemetery — LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. Dec. 31, 1952 — REGISTRAR'S SIGNATURE Mrs Jos C. Kelly

24. FUNERAL DIRECTOR E.S. Boal — ADDRESS Westernport Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

Within corporate limits DR. HODGES

14039

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15 8-51

1. PLACE OF DEATH:
   COUNTY: ALLEGANY — MARYLAND
   CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: CUMBERLAND
   LENGTH OF STAY (in this place): 3-DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: PENNA. COUNTY: Bedford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEDFORD
   STREET ADDRESS (If rural, give location): N. THOMAS ST. ✓

3. NAME OF DECEASED: (First) BABY Rick (Middle) BOY Nelson (Last) HERSHBERGER
   4. DATE OF DEATH: (Month) DEC. (Day) 27 (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: DEC. 24, 1952
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DONALD H. HERSHBERGER
14. MOTHER'S MAIDEN NAME: RUTH P. ~~BETHEA~~ Petrea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroplastosis fetalis — 48 hrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 transfusions
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24 1952, to Dec. 27 1952, that I last saw the deceased alive on Dec. 27, 1952, and that death occurred at 9:10 P. m., from the causes and on the date stated above.
SIGNATURE W. R. Hodges (DEGREE OR TITLE) M. D. ADDRESS Cumberland, Md. DATE SIGNED 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 28, 1952 — NAME OF CEMETERY OR CREMATORY Bedford Cemetery — LOCATION (City, town, or county) Bedford, (State) Pennsylvania
DATE REC'D BY LOCAL REG. Dec. 28, 1952 — REGISTRAR'S SIGNATURE Wintter R. Hantz M.D.
24. FUNERAL DIRECTOR Alton S. Barefoot — ADDRESS "

20V2934324

RECEIVED
JAN 6 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 14346

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Barrellsville
LENGTH OF STAY (in this place): at once
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Highway-Route 47

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 313 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): (First) Orpha (Middle) Jane (Last) Hockenberry
4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1952
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: March 29-1891
9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): East Waterford, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis College
14. MOTHER'S MAIDEN NAME: Mary E. Kern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Daughter) Mildred Cowgill, Paw Paw, W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | at once |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary sclerosis | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — about 6 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Dec. 26-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: December 28, 1952
NAME OF CEMETERY OR CREMATORY: Cook Cemetery
LOCATION (City, town, or county) (State): Near Wellersburg, Pa.

DATE REC'D BY LOCAL REG.: Dec. 27, 1952
REGISTRAR'S SIGNATURE: Veronica McDermott
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Maryland

VS. A154

Within corporate limits

DR. W.F.WMS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 1041 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.

LENGTH OF STAY (in this place): 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near CUMBERLAND, Rural

STREET ADDRESS (If rural, give location): R.F.D.#1, LAVALE

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| HENRY | M. | HODGSON | DEC. | 17 | 1952 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | Divorced | JAN. 11, 1878 | 74 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Ret. Physician | Private Practice | W.VA. | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| HENRY W. HODGSON | ROBERTA PARKER |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | MEMORIAL HOSPITAL, CUMBERLAND, MD. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Bronchopneumonia — 6

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypostasis maint. Bronchus MD.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from 7-1, 19 52, to 12-17, 19 52, that I last saw the deceased alive on 12-17, 19 52, and that death occurred at 10:25 A.M. from the causes and on the date stated above.

SIGNATURE: Wm F. Williams (DEGREE OR TITLE) ADDRESS: Cumberland — DATE SIGNED: 12-17-52

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 19, 1952 | Rose Hill Cemetery | Cumberland, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Dec. 19, 1952 | Walter R. Wantz, M.D. | John J. Hafer, Cumberland, Md. |

DEC
BUREAU V. S.

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 130

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland.
STREET ADDRESS (If rural give location): 156 Frederick St.

**3. NAME OF DECEASED:** (Type or Print) (First) Agnes (Middle) Adelaide (Last) Hopkins

**4. DATE OF DEATH:** (Month) Dec (Day) 23 (Year) 1952

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** Oct 1 1903

**9. AGE last birthday:** 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Sales Lady

**10b. KIND OF BUSINESS OR INDUSTRY:** Dept Store

**11. BIRTHPLACE** (State or foreign country): Cumberland Md.

**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** Patrick H Hopkins

**14. MOTHER'S MAIDEN NAME:** Mary Wimpe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No:** 214-05-7031

**17. INFORMANT'S ADDRESS:** Mrs Henry C Houck. Washington St

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1952

Immediate cause (a) Glioma of left frontal lobe — 6wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8/, 1952, to 12/23/ 1952, that I last saw the deceased alive on 12/23/, 1952, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Oliver Ralph Rath, MD — ADDRESS: Cumberland, Md — DATE SIGNED: 12/26/52

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: Dec 27, 52 — NAME OF CEMETERY OR CREMATORY: St Mary's Mem Park — LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REGISTRAR: Dec 26, 1952 — REGISTRAR'S SIGNATURE: Winter L Lantz M.D.

**24. FUNERAL DIRECTOR** — ADDRESS: Louis Stein Inc Cumberland

Item 18 Film G150 1-19-53

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

11042

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-45A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg; LENGTH OF STAY (In this place): 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nikep; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) (Last) Hyde

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Feb.2-1909

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Burner-Pangborn Corp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 214-01-3757

17. INFORMANT AND ADDRESS: Wilbur Johnsen, Nikep, Md. (brotner-in-law

18. MEDICAL CERTIFICATION

Unable to state until I get autopsy report

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Histo plasmosis — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 134.2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✱, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V.Deming M.D. H. V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Dec. 18-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec.21-1952

NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery

LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: 12-23-52

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md. ADDRESS:

BUREAU V. S.

14043

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
STREET ADDRESS (If rural, give location) Md Rt # 36

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Arthur (Last) James

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Apr. 17 1892

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Craftsman

10b. KIND OF BUSINESS OR INDUSTRY: Ry. Retired 1921

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W W I

16. SOCIAL SECURITY NO.

17. INFORMANT: Hazel Winebrenner James.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirhosis of Liver — Interval Between Onset and Death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1952, to 12/4, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 2:14 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John B. Davis, M.D. | Frostburg, Md | 12/5/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec 6 1952 | NAME OF CEMETERY OR CREMATORY: Allegheny Cem | LOCATION (City, town, or county): Cumberland (State): Md

DATE RECD BY LOCAL REG.: Dec 8, 1952 | REGISTRAR'S SIGNATURE: Mrs Nancy V. Roe

24. FUNERAL DIRECTOR: Louis Stein Inc | ADDRESS: Cumberland Md

DEC 11-37
BUREAU V. S.

Within corporate limits

DR. WM. COMER

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 48 1041

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   MARYLAND
   LENGTH OF STAY (in this place): 40 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND
   COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   STREET ADDRESS (If rural give location): 820 MAPLEWOOD LANE

3. NAME OF DECEASED: (First) HARRY (Middle) B. (Last) JAMISON

4. DATE OF DEATH: (Month) DEC. (Day) 9 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 18, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Safety Inspector Celanese Corp.

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JAMISON

14. MOTHER'S MAIDEN NAME: MARY SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-4176

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Hypertensive cardio vascular disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congestive failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/52, to 12/9/52, that I last saw the deceased alive on 12/9/52, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

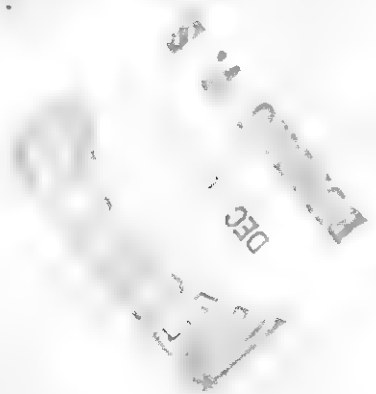
SIGNATURE (Degree or title): George M. Brown M.D. ADDRESS: Cumberland, Md. DATE SIGNED: 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-11-1952
NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 16, 1952
REGISTRAR'S SIGNATURE: Winter R. Beasley, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 45

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland, Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road, R.F.D. #3

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Rural

STREET ADDRESS (If rural, give location) Valley Road R.F.D. #3

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARY | JANE | JOHNSON | Dec. | 8, | 1952 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | July 30, 1875 | 77 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Red Creek, W. Va. | U. S. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Bunion Wilfong | Sarah Johnson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | Mrs. Harry Mallow R. D. # 3 Cumb. Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Heart Failure | 2 wks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Hyperthyroidism | one years |
| | DUE TO (c) Hypotension Heart disease | three years |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from ..... 19..... to Dec 8, 1952, that I last saw the deceased alive on Nov 30, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

F. Clancy Mann M.D. Cumberland Md Dec 9 52

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/11/52 | George Cem. | Red Creek, W. Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 10, 1952 | Charles K. Hantz, M.D. | H. Wayne George | Cumberland, Md. |

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 46

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1 PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cumberland
LENGTH OF STAY (in this place) 5/24/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 130 East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Alice (Last) Kearsing
4. DATE OF DEATH: (Month) December (Day) 8, (Year) 19 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Aug. 28, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Public Schools - retired -
10b. KIND OF BUSINESS OR INDUSTRY: School Teacher
11. BIRTHPLACE (State or foreign country): Wales (South)
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Henry Thomas (Rev.)
14. MOTHER'S MAIDEN NAME: Margaret Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO: Chronic Myocarditis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertension
(c): Senility

443+

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis — 6 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to Dec. 8th, 1952, that I last saw the deceased alive on Dec. 8th, 1952 and that death occurred at 10 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) James B. McKean M.D. — ADDRESS 49 Spruce St. — DATE SIGNED Dec. 9th 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 10 1952 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Cem — LOCATION (City, town, or county) Frostburg — (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1952 — REGISTRAR'S SIGNATURE Walter K. Hank, M.D. — 24. FUNERAL DIRECTOR — ADDRESS Hafer Funeral Home, Frostburg, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 5 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt. 1, Frostburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) HARVEY (Last) LAYMAN

4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-22-1883

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: retired -belt splicer

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Eng. Dept.) George L. Layman

14. MOTHER'S MAIDEN NAME: Anna L. Crowe

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-07-4109

17. INFORMANT & ADDRESS: Mrs. George Layman, Rt. 1, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) DUE TO: Yellow atrophy of the liver — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: perforating cholecystitis — 6 weeks
(c): cholelithiasis — 15 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic bronchitis — 5 years

19a. DATE OF OPERATION: (Nov. 8, 52)

19b. MAJOR FINDINGS OF OPERATION: gangrenous gallbladder, bilious peritonitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 19 52, to Dec 12, 19 52, that I last saw the deceased alive on Dec 11, 19 52, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Adolf Wolfermann M.D. ADDRESS: Frostburg DATE SIGNED: 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-14-1952
NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-14-52
REGISTRAR'S SIGNATURE: Mrs. Nancy N. Rice

24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

14049

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIBA

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL LITTLE ORLEANS
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Littleorleans Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL LITTLE ORLEANS
STREET ADDRESS (If rural, give location) Little Orleans Md.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | PHILLIP | FRANKLIN | LEASURE | | DEC. | 21-52 | 19 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 12-1-1896 | 56 yrs. | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| FARMER | Owner | Maryland. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| BRADY LEASURE | Maria Borden. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| YES | WW I | 322-01-9238 | SUSANNE LEASURE--WIFE |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| **Immediate cause** | (a) ~~ASTHMA~~ CORONARY OCCLUSION | AT ONCE |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) CORONARY SCLEROSIS | 3 |
| | (c) | |

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.V. Deming M.D. | | | |
| H. V. DEMING, M. D. | | CUMBERLAND Md. | 12-21-52 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial. | 12.24.52. | Piney Plains. | Little Orleans Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-26-52 | Mary Jungy- Emc | Howard J Grove. | Hancock Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14050
Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 719 Carroll St.

3. NAME OF DECEASED: (Type or Print) (First) Azelenia (Middle) Estella (Last) Long
4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 24 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Elk Gordon W. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Welsh
14. MOTHER'S MAIDEN NAME: Mary E Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 213-18-2445
17. INFORMANT'S ADDRESS: Edward E Welsh, Hagerstown Rfd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral Hemorrhage - Hemiplegia — Interval Between Onset And Death: 2 Days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Coma — Onset 2 days.
(c) Hypertension, Severe.

331+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Moderate

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-52, 1952, to 12-13, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 6:45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J Hageman MD 200 Decatur St Cumberland Md. 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/16/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland Md.
DATE REC'D BY LOCAL REGISTRAR Dec 15, 1952
REGISTRAR'S SIGNATURE Walter R. Dant, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc
ADDRESS Cumberland Md.

VS AF

DEC
BUREAU V. S

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

**1. PLACE OF DEATH:**
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 600 Laing Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 600 Laing Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) Emily (Middle) Jane (Last) Marques

**4. DATE OF DEATH:** (Month) Dec. 13, (Day) (Year) 19 52

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify): Married

**8. DATE OF BIRTH:** App. 24, 1917

**9. AGE last birthday:** 35 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Silk Wkr.

**10b. KIND OF BUSINESS OR INDUSTRY:** Silk Ind.

**11. BIRTHPLACE** (State or foreign country): Cumberland, Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Douglas D. Parker

**14. MOTHER'S MAIDEN NAME:** Clara Hansrote

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 215-20-6635

**17. INFORMANT & ADDRESS:** Mrs. Mae Husgrove Gaithersburg, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignant Hypertension DUE TO — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 12-5-, 19....., to 12-13-5 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE: M. Williams — DEGREE OR TITLE: MD — ADDRESS: Cumberland Md — DATE SIGNED: 12-14-52

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial

DATE THEREOF: 12-16-1952

NAME OF CEMETERY OR CREMATORY: Mt. Herman Cem.

LOCATION (City, town, or county) (State): Near Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 15, 1952

REGISTRAR'S SIGNATURE: Hunter R. Hantz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: Charles L. George Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

14852

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Harrison St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 310 Harrison St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Catherine (Last) Mc Atee

4. DATE OF DEATH: (Month) about Dec. (Day) 9 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov.14-1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & seamstress

10b. KIND OF BUSINESS OR INDUSTRY: for self

11. BIRTHPLACE (State or foreign country): Eckhart,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Mc Donald

14. MOTHER'S MAIDEN NAME: Ellen Rattigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-14-5342

17. INFORMANT AND ADDRESS: sister) Mrs. Roger Murray, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Acute cardiac failure due to — Interval Between Onset and Death: at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis also had — several years.

(c) arteriosclerosis with hypertension. — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M. D. Cumberland,Md. Dec.11-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 13, 1952

NAME OF CEMETERY OR CREMATORY: St. Michaels

LOCATION (City, town, or county) (State): Frostburg, Maryland

DATE REC'D BY LOCAL REG.: Dec. 12, 1952

REGISTRAR'S SIGNATURE: Winter R. Dantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer

ADDRESS: Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (In this place) 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Route 2 Box 384 Frostburg; STREET ADDRESS (If rural, give location) Finzel Road. ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Thomas | A. | Mckenzie | Dec. | 23 | 19 52 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | Oct. 14-1880 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | Allen Farm | Pa. | U.S.A. |

13. FATHER'S NAME: Francis McKenzie

14. MOTHER'S MAIDEN NAME: Leanna Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-10-9263

17. INFORMANT AND ADDRESS (wife) Cora Steinly McKenzie

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hypostatic congestion of the lungs. | 2o days |
| 102.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Uremia | 1 week |
| | (c) Comminuted fracture of both patellae. Fall from haymow to barn floor. | 23 days |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| Dec. 5-1952 | laceration of forehead & nose sutured. Both patellae removed. | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | near (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Farm, in barn | Frostburg (Finzle) | Garrett | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work | Not while at work | HOW DID INJURY OCCUR? |
|---|---|---|---|
| Dec. 1/52 4 P.m. | | X | Slipped and fell from haymow to barn floor. |

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident *, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.V. Deming M.D. H.V. Deming M.D. | | Cumberland, Md. | Dec. 25-1952 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 12-27-1952 | Finzel Cemetery | Frostburg | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-26-52 | Mrs. Harvey N. Rose | Jacob Hafer | Frostburg, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate limits

14-54

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland -; LENGTH OF STAY (In this place) yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS In wooded area Leiper St.Extended.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 104 Columbia St.

3. NAME OF DECEASED (Type or Print): (First) Odessa; (Middle) Francis; (Last) Meister

4. DATE OF DEATH: (Month) About Dec.; (Day) 20; (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug.14-1917

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp of Am.

11. BIRTHPLACE (State or foreign country): Cumberland,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Molinari

14. MOTHER'S MAIDEN NAME: Odessa M.Culp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Father-Anthony Molinari,Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage due to a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fractured skull.

(c) Hit with a blunt instrument.

INTERVAL BETWEEN ONSET AND DEATH: about 20 minutes.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Leiper St Extended.; (CITY OR TOWN) Cumberland; (COUNTY) Allegany; (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): about Dec.20/52 ? P m.

INJURY OCCURRED While at work ☐ Not while at work* ☐

HOW DID INJURY OCCUR? Party unknown at the present time hit her on the head with a blunt instrument.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide *, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland,Md. Jan.16-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 1-17-1953; NAME OF CEMETERY OR CREMATORY: St. Patricks Cem.; LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 16, 1953; REGISTRAR'S SIGNATURE: Wade K. Marx, M.D.; 24. FUNERAL DIRECTOR: Charles L. George; ADDRESS: Cumberland Md.

VS. A15A

Within corporate limits | DR. WHITWORTH

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 15

## CERTIFICATE OF DEATH

12685

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) [redacted]
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE PENNA. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MYERSDALE
STREET ADDRESS (If rural, give location) 116 NORTH STREET ✓

**3. NAME OF DECEASED: (Type or Print)** (First) BABY BOY (Middle) (Last) MOORE - Twin #1

**4. DATE OF DEATH:** (Month) DEC. (Day) 25 (Year) 19 52

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | SINGLE | DEC. 24, 1952 | | | [redacted] |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | Infant | U.S.A. PENNA. | U.S.A. |

**13. FATHER'S NAME:** WALTER MOORE

**14. MOTHER'S MAIDEN NAME:** Miriam McGlinsey

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

77[illegible]

Immediate cause (a) Prematurity, 6½ mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 24 Dec 1952 to 25 Dec 1952 that I last saw the deceased alive on 25 Dec 1952 and that death occurred at 5:30 A.M. p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Fuller B Hulvershorst MD Cumberland Md 25 Dec 52

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 26, 1952 | Staph Mennonite | Somerset Pa |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 25, 1952 | Wentz K. Dantz, M.D. | H. K. Lowhurst | Myersdale, Pa. |

9VV299V99V

VS-A15 8-51

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
## CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CUMBERLAND
LENGTH OF STAY (in this place) [redacted]
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE PENNA. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) MEYERSDALE
STREET ADDRESS (If rural, give location) 116 NORTH STREET

**3. NAME OF DECEASED: (Type or Print)** (First) BABY (Middle) GIRL (Last) MOORE - Twin #2

**4. DATE OF DEATH:** (Month) (Day) (Year) DECEMBER 25 19 52

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):** SINGLE

**8. DATE OF BIRTH:** DEC. 24, 1952

**9. AGE last birthday:** yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:** Infant

**11. BIRTHPLACE** (State or foreign country): [redacted] PENNA.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** WALTER MOORE

**14. MOTHER'S MAIDEN NAME:** Miriam McGlinsey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unk.) No

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) None

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity 6½ mo — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec., 1952, to 25 Dec., 1952, that I last saw the deceased alive on 25 Dec., 1952 and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Fuller B Mulvaney MD Cumberland Md 25 Dec 52

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial — DATE THEREOF Dec 26, 1952 — NAME OF CEMETERY OR CREMATORY Stahl Mennonite — LOCATION (City, town, or county) Somerset (State) Pa

DATE REC'D BY LOCAL REG. Dec. 25, 1952 — REGISTRAR'S SIGNATURE Walter K. Hanly, M.D.

**24. FUNERAL DIRECTOR** H. K. Hornbaker — ADDRESS Meyersdale, Pa.

9VV299V99V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 11157 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frostburg
MARYLAND LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean, R. D. 1 Frostburg, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) C. (Last) Murphy

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 6-24-1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ocean Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Murphy

14. MOTHER'S MAIDEN NAME: Mary McDonald

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Washington, D. C. N. E. Miss Sarah Murphy, 329 Rhode Island Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chr Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1944, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 9:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm Lane MD ADDRESS Frostburg Md DATE SIGNED Dec 27 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-29-1952 NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery LOCATION (City, town, or county) Lonaconing, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 12-27-52 REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS Jacob Hafer, Frostburg, Md.

VS. A15

Within corporate limits OR SCHUNDLER

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 21658

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
   COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   MARYLAND LENGTH OF STAY (in this place): 2 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
   STREET ADDRESS (If rural give location): 326 CRAWFORD ST.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Franklin (Last) MURRAY
   BABY BOY

4. DATE OF DEATH: (Month) DEC (Day) 31 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) NX SINGLE

8. DATE OF BIRTH: DEC 29 1952

9. AGE last birthday: yrs. ✓ IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DONALD F. MURRAY

14. MOTHER'S MAIDEN NAME: DORIS J. ~~BARLETT~~ Bartlett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... DUE TO: Prematurity Newborn Nursery 5-6 with weight 2 lbs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1952, to 12/31, 1952, that I last saw the deceased alive on 12/30, 1952 and that death occurred at 5:45AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: Dec. 31, 1952
NAME OF CEMETERY OR CREMATORY: Memorial Hospital
LOCATION (City, town, or county) (State): Cumberland, Maryland
DATE REC'D BY LOCAL REGISTRAR: Dec. 31, 1952
REGISTRAR'S SIGNATURE: Winter K. Frank, M.D.
24. FUNERAL DIRECTOR ADDRESS: Memorial Hosp. "

20V2192261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 1 59

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md
STREET ADDRESS (If rural give location) 636 N. Center St.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) A. (Last) Noone

4. DATE OF DEATH: (Month) (Day) (Year) I2-I3-52 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 22, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter I. Noone

14. MOTHER'S MAIDEN NAME: Catherine Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-8I8I

17. INFORMANT & ADDRESS: Helene A. Noone 636 N. Center St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

44-X

Immediate cause (a) Congestive Heart Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio-Vascular Disease

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9 ,19 52 , to 12/13 , 19 52 , that I last saw the deceased alive on 12/13 , 19 52 , and that death occurred at 5:15 PM , from the causes and on the date stated above.

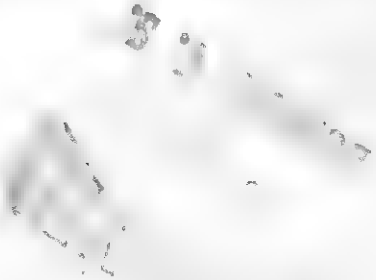
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo N. Ley Jr. M.D 456 N. Center St. 12/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF I2-I7-52 — NAME OF CEMETERY OR CREMATORY St. Patrick Cem — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 13, 1952 — REGISTRAR'S SIGNATURE Charles L. Wantz M.D.

24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland, Md.



Within corporate limits: DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13060

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
LENGTH OF STAY (in this place): 17-DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY: ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Near CUMBERLAND Rural
STREET ADDRESS (If rural give location): RT.#4, OLDTOWN RD.

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) D (Last) NORTON

4. DATE OF DEATH: (Month) DEC. (Day) 12 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 9, 1911

9. AGE last birthday: 41 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Crane Operator Railroad

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORTON, FRANK T.

14. MOTHER'S MAIDEN NAME: GRANT, ADDIE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 232-10-5532

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Myocardial Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Pan carditis

(c)

Interval Between Onset And Death: 48 hrs & 8 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Cumberland Alley

(CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5/52, 19.., to 12/12/52, 19.., that I last saw the deceased alive on 12/12/52, 19.., and that death occurred at 7:05 P.M. from the causes and on the date stated above.

SIGNATURE: R. Williams M.D. (Degree or title)

ADDRESS: Cumberland

DATE SIGNED: 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-16-52

NAME OF CEMETERY OR CREMATORY: Davis Memorial Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 15, 1952

REGISTRAR'S SIGNATURE: Walter L. Hartz, M.D.

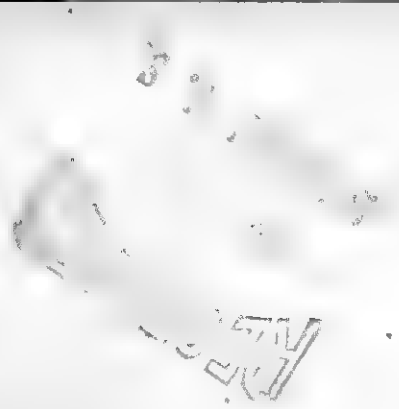
24. FUNERAL DIRECTOR: James F. Scarpelli

ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. ~~LEY~~ Simons

# CERTIFICATE OF DEATH

14061

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 11 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: MARYLAND — COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Town~~ CUMBERLAND Rural

STREET ADDRESS (If rural give location): LOCUST GROVE, R.F.D. #6

**3. NAME OF DECEASED:** (Type or Print) (First) OSCAR (Middle) E. (Last) O'NEAL

**4. DATE OF DEATH:** (Month) DECEMBER (Day) 4, (Year) 19 52

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED

**8. DATE OF BIRTH:** OCTOBER 22, 1892

**9. AGE last birthday:** 60 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Retired ~~Farmer~~

**10b. KIND OF BUSINESS OR INDUSTRY:** Odd jobs

**11. BIRTHPLACE** (State or foreign country): PENNSYLVANIA

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** JOHN CALVIN O'NEAL

**14. MOTHER'S MAIDEN NAME:** ~~JEMAIN WAGONER~~, Jemima Wagner

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I

**16. SOCIAL SECURITY NO.:** ?

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL - CUMBERLAND, MD.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

**Immediate cause** (a) Coronary occlusion

**Antecedent causes (s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

421.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 195.., to 12/4, 195.. that I last saw the deceased alive on 12/4, 195.. and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE George M. Brown M.D. (Degree or title) ADDRESS Cumberland Md. DATE SIGNED 12/4/52

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial

DATE THEREOF 12/6/52

NAME OF CEMETERY OR CREMATORY Zion Memo. Park.

LOCATION (City, town, or county) (State) Cumberland Md.

DATE RECD BY LOCAL REGISTRAR Dec. 3, 195.. REGISTRAR'S SIGNATURE Wroster K. Hanks M.D.

**24. FUNERAL DIRECTOR** Louis Stein Inc. ADDRESS Cumb. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14102

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio — COUNTY Summit
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Akron
STREET ADDRESS (If rural give location) 1838 Ford Ave.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) LOUISE (Last) PHILLIPS

4. DATE OF DEATH: (Month) Dec. (Day) 15, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 7, 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Shuey

14. MOTHER'S MAIDEN NAME: Pearl Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ernest Phillips, Akron 5, Ohio.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, to 15 Dec, 1952, that I last saw the deceased alive on 15 Dec, 1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE John B. Davies, (Degree or title) M.D. ADDRESS Frostburg, Md. DATE SIGNED 12/18/52.

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 12-18-52 — NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 12-18-52 — REGISTRAR'S SIGNATURE Mrs Nancy V. Roe

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

11663

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dead on arrival at the | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital Frostburg,Md .

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 110 Independence St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Louis | Raith | Dec. | 11 | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | single | April 28-1929 | 23 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Final Finish-Kelley-Springfield Tire | Co. | Cumberland,Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Louis Raith | Ruth Mulligan |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| yes,navy W.W.2 | 213-22-2875 | Mother-Mrs.Ruth M.Raith,Cumberland Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intracranial hemorrhage due to a | a few |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) crushed skull,from auto accident. | minutes. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | near (CITY OR TOWN) Shaft | (COUNTY) Allegany | (STATE) Md. |
|---|---|---|---|---|
| TIME (Month) (Day) OF INJURY Dec. 11/52 | (Hour) 2:50 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Side swiped a car & ran head on into another car. | |

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ * suicide ☐ homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.V.Deming M.D. H. V. Deming M.D. | | Cumberland,Md. | Dec.12-1952 |

| 23. BURIAL, CREMATION OR REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 15,1952 | St. Patrick's Cemetery | Cumberland, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-12-52 | Miss Nancy N. Poe | John J. Hafer | Cumberland, Maryland |

DEC 17
LIBRARY U. S.

Within corporate limits

14064

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 1-51

**1. PLACE OF DEATH:**
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND
LENGTH OF STAY (If this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 412 South St.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 412 South St.

**3. NAME OF DECEASED:** (First) Edward John (Middle) (Last) Ratke

**4. DATE OF DEATH:** (Month) Dec. (Day) 21 (Year) 19 52

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** August 12, 1894

**9. AGE last birthday:** 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Stationary Fireman

**10b. KIND OF BUSINESS OR INDUSTRY:** Laundry

**11. BIRTHPLACE** (State or foreign country): Cumberland, Md.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Stephen Ratke

**14. MOTHER'S MAIDEN NAME:** Agusta Rhoelocker

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No
(If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 216 22-7182

**17. INFORMANT & ADDRESS:** Frank B. Ratke 412 South St.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 180X | Immediate cause | (a) Metastatic Carcinoma | 8 wks |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Hypernephroma | |
| | | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 May 19 52, to 21 Dec, 19 52, that I last saw the deceased alive on 18 Dec, 19 52, and that death occurred at 10:05 P m., from the causes and on the date stated above.

SIGNATURE: James G Stegmaier (DEGREE OR TITLE) M.D. ADDRESS: 122 So Centre St. DATE SIGNED: 22 Dec 52

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF: 12-24-52

NAME OF CEMETERY OR CREMATORY: St. Peter's&Paul's Cem

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 23, 1952

REGISTRAR'S SIGNATURE: Winter K. Hartz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: James F. Scarpelli Cumberland, d.

14065

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Md. Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport,
STREET ADDRESS (If rural, give location) 320 Md. Ave.

**3. NAME OF DECEASED: (Type or Print)** (First) Annie (Middle) (Last) Reed

**4. DATE OF DEATH:** (Month) Dec. (Day) 17 (Year) 19 52

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow

**8. DATE OF BIRTH:** Oct. 1, 1870

**9. AGE last birthday:** 82 yrs.
IF UNDER 1 YEAR — Months | Days | IF UNDER 24 HRS. — Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) House Wife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Penn.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John Lewis

**14. MOTHER'S MAIDEN NAME:** Ellen Jones

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.)

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service)

**17. INFORMANT & ADDRESS:** Wayne Reed-Frostburg, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Renal Disease — 3 mo

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Puerpera — 1 wk

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE E. E. Berry (DEGREE OR TITLE) M.D. ADDRESS Piedmont W. Va. DATE SIGNED

**23. BURIAL, CREMATION REMOVAL** (Specify): Dec. 19, 52 — DATE THEREOF — Frostburg Memorial Park — NAME OF CEMETERY OR CREMATORY — Frostburg Md. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec 19, 1952

REGISTRAR'S SIGNATURE Mrs Jos C. Kelly

**24. FUNERAL DIRECTOR** Ellsworth S. Boal-Westernport, Md. ADDRESS

Within corporate limits:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1952

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND LENGTH OF STAY (in this place): 7/31/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 220 Emily Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) L. (Last) Reith
4. DATE OF DEATH: (Month) December (Day) 7, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 30, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Ewing Gowgill
14. MOTHER'S MAIDEN NAME: Margaret Largent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 Immediate cause (a) Coronary Thrombosis, — Interval Between Onset And Death: Sudden
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis — ?
DUE TO
(c) General Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Secondary Anemia — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952, to Dec 7, 1952 that I last saw the deceased alive on Dec 6, 1952 and that death occurred at 12:55 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title): James R. McKean M.D.
ADDRESS: 49 Prece St.
DATE SIGNED: 12-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/10/52
NAME OF CEMETERY OR CREMATORY: Camp Hill Cem.
LOCATION (City, town, or county) (State): Paw Paw W. Va.
DATE REC'D BY LOCAL REGISTRAR: Dec. 10, 1952
REGISTRAR'S SIGNATURE: Walter R. Hanby M.D.
24. FUNERAL DIRECTOR: Lewis Stein Inc.
ADDRESS: Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
BUREAU U. S.

Within corporate limits

DR. W.F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1067

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   - COUNTY: ALLEGANY — MARYLAND
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   - LENGTH OF STAY (in this place): 3-DAYS
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORISL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: MARYLAND — COUNTY: ALLEGANY
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   - STREET ADDRESS (If rural give location): 30 N. LIBERTY STREET

3. NAME OF DECEASED: (First) ROSE (Middle) E. (Last) RICE

4. DATE OF DEATH: (Month) DEC. (Day) 29 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Nov. 25, 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SHAW

14. MOTHER'S MAIDEN NAME: RACHEL BARNARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1(a) Immediate cause — (a) Carcinoma of cervix — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastasis to bladder & — DUE TO

(c) Pelvis.

Interval Between Onset And Death: (a) about 2 years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-, 1951, to 12-29, 1952, that I last saw the deceased alive on 12-29, 1952 and that death occurred at 10:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. F. Williams — ADDRESS: Cumberland — DATE SIGNED: 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 31 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 31, 1952 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Maryland — ADDRESS

VS. AK

RECEIVED
JAN 6 1953
BUREAU V. S.

Outside City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14068

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Rural. Cumberland

LENGTH OF STAY (in this place): 10 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 1,

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Maryland — COUNTY: Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Near Cumberland, Rural

STREET ADDRESS (If rural give location): Route # 1.

**3. NAME OF DECEASED:** (Type or Print) (First) Charles (Middle) Nixon (Last) Roberson

**4. DATE OF DEATH:** (Month) Dec (Day) 17 (Year) 19 52

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** Nov 12 1872

**9. AGE last birthday:** 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Farm

**11. BIRTHPLACE** (State or foreign country): Kirby, Hardy Co, W. Va.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Amos Roberson

**14. MOTHER'S MAIDEN NAME:** Catherine Poland

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Laurence M. Roberson, Cumberland, Md

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uraemia DUE TO

(c)

Interval Between Onset And Death: 2 yrs. 6 wks.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952 to Dec 17, 1952 that I last saw the deceased alive on Dec 12, 1952 and that death occurred at 12-30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): Clark Lovett M.D — ADDRESS: Cumberland — DATE SIGNED: 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 19, 1952 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county): Kirby — (State): Hardy Co W. Va.

DATE REC'D BY LOCAL REGISTRAR: Dec. 18, 1952 — REGISTRAR'S SIGNATURE: Winter K. Kantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, — ADDRESS: Cumberland, Md.

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 618 Columbia Ave.,

**3. NAME OF DECEASED: (Type or Print)** (First) JOHN (Middle) FREDERICK (Last) ROBINSON

**4. DATE OF DEATH:** (Month) Dec. (Day) 22, (Year) 1952

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single

**8. DATE OF BIRTH:** Feb. 29, 1888

**9. AGE last birthday:** 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** Foreman

**10b. KIND OF BUSINESS OR INDUSTRY:** Brewery

**11. BIRTHPLACE (State or foreign country):** Cumberland, Md.

**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13. FATHER'S NAME:** Joshua Robinson

**14. MOTHER'S MAIDEN NAME:** Mary Alice Sinett

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** Yes, — **(If Yes, give war or dates of service)** W. W. #1

**16. SOCIAL SECURITY NO.:** 214-05-4929

**17. INFORMANT & ADDRESS:** Mr. Arthur E. Robinson Frostburg, Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** 433.1

Immediate cause (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from 12-19, 1952, to 12-22-1952, that I last saw the deceased alive on 12-22-52, 19..., and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF: 12/24/52

NAME OF CEMETERY OR CREMATORY: St. Ambrose Cem.

LOCATION (City, town, or county) (State): Cresaptown, Md.

DATE REC'D BY LOCAL REG.: Dec. 23, 1952

REGISTRAR'S SIGNATURE: Hunter R. Lantz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: H. Wayne George Cumberland, Md.

DEC

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AL-51

**1. PLACE OF DEATH:**
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR: Cumberland, Rural
STREET ADDRESS (If rural, give location): Cash Valley Road

**3. NAME OF DECEASED:** (Type or Print) (First) Myrtle (Middle) (Last) Robinson

**4. DATE OF DEATH:** (Month) (Day) (Year) 12-21-52 19

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** Nov. 17, 1889

**9. AGE last birthday:** 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Cumberland, Md.

**12. CITIZEN OF WHAT COUNTRY?** SA

**13. FATHER'S NAME:** Charles W. Valentine

**14. MOTHER'S MAIDEN NAME:** Rebecca Romig

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Powell A. Robinson Cash Valley Road

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Acute Myocarditis — 2 weeks
DUE TO (c) Diabetes — several years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Amputation R leg at third thigh for Gangrene

**19a. DATE OF OPERATION:** Dec 12

**19b. MAJOR FINDINGS OF OPERATION:** Diabetic Gangrene R Foot

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Dec 21, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

F. Glenn G. Mann MD Cumberland Dec 24

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF: 12-24-52

NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park

LOCATION (City, or town, county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec 23, 1952

REGISTRAR'S SIGNATURE: Walter K. Fantz, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: James F. Scarpelli Cumberland, Md.

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14071

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Allegeny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland md
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland
COUNTY Allegeny
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 11 Frederick St

**3. NAME OF DECEASED:** (Type or Print) (First) Lenore (Middle) Dorothy (Last) Seifert

**4. DATE OF DEATH:** (Month) Dec (Day) 29 (Year) 19 52

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Widowed

**8. DATE OF BIRTH:** 7/8/1887

**9. AGE last birthday:** 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, (Never retired): Merchant

**10b. KIND OF BUSINESS OR INDUSTRY:** Home Furniture Store

**11. BIRTHPLACE** (State or foreign country): Manns Choice, Penna.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** John J. Seifert

**14. MOTHER'S MAIDEN NAME:** Laura McVicker

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Miss. Edna Seifert Cumberland, Md.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

I 43 Immediate cause (a) Cerebral Hemmorhage — 5 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Disease — Unknown

DUE TO (c) Arterio Sclerosis — Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/52 to 12/29/52, that I last saw the deceased alive on 12/29/52, and that death occurred at 4:53 PM from the causes and on the date stated above.

SIGNATURE David Rees M.D. (Degree or title) ADDRESS 404 Decatur St Cumberland Md DATE SIGNED 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-31-1952 — NAME OF CEMETERY OR CREMATORY Hillcrest Cem. — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1952 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

RECEIVED
JUN 6 1953
BUREAU V. S.

Within corporate limits

DR. MIRKIN

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

14072

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): CUMBERLAND, MD.

LENGTH OF STAY (in this place): 86 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: MARYLAND COUNTY: GARRETT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): VINDEX

STREET ADDRESS (If rural give location):

✓

**3. NAME OF DECEASED:** (Type or Print) (First) JOSEPH (Middle) Francis L. (Last) SHARPLESS

**4. DATE OF DEATH:** (Month) DEC. (Day) 6 (Year) 19 52

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | SEPT. 4 1885 | 67 yrs. | | |

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Coal Miner

**10b. KIND OF BUSINESS OR INDUSTRY:** Mining Coal

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** US

**13. FATHER'S NAME:** WILLIAM SHARPLESS

**14. MOTHER'S MAIDEN NAME:** JANE DAVIS

**15. WAS DECEASED EVER IN U.S ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 215-07-1986

**17. INFORMANT & ADDRESS:** MEMORIAL HOSPITAL, CUMBERLAND, MD.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

158X

Immediate cause (a) DUE TO: Retroperitoneal Sarcoma — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emaciation — 3-4 mos.

**19a. DATE OF OPERATION:** Oct 1/52

**19b. MAJOR FINDINGS OF OPERATION:** Huge mass retroperit from pelvis to diaph.

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 11, 19 52, to DEC. 6, 19 52, that I last saw the deceased alive on DEC. 6, 19 52, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] MD — ADDRESS: Cumberland — DATE SIGNED: 12-6-52

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Dec 9 1952 | Mt. Zion Cemetery | Kitzmiller, Garrett | Md |

DATE REC'D BY LOCAL REGISTRAR: Dec. 8, 1952

REGISTRAR'S SIGNATURE: Walter R. Mantz, M.D.

**24. FUNERAL DIRECTOR:** O. F. Sharpless — ADDRESS: Blaine, W. Va.

V.S. A15

DR. TOPPER

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

11073 Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 28-DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 112 MAPLE ST.

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) M. (Last) SHOBE

4. DATE OF DEATH: (Month) DEC. (Day) 12 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: OCT. 16, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General Construction

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? SHOBE,

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Chronic myocardosis — Interval Between Onset And Death 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

422

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia — 5 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-14, 1952, to 12-12, 1952, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE John A Topper (Degree or title) ADDRESS Hyndman Pa DATE SIGNED 12/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 16, 1952 — NAME OF CEMETERY OR CREMATORY Hollywood Cemetery — LOCATION (City, town, or county) Harrington (State) Del.

DATE REC'D BY LOCAL REGISTRAR Dec. 13, 1952 — REGISTRAR'S SIGNATURE Wendell K. Hank, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

Within corporate limits.

M

14074

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyndman Rural
STREET ADDRESS (If rural, give location): Londonderry Township R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Baby Jessie (Middle) ~~Baby~~ (Last) Shroyer - Twin #2

4. DATE OF DEATH: (Month) 12.5.52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 12.5.52

9. AGE last birthday: ~~1 day~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 16 / Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Baby~~

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Kenneth Shroyer

14. MOTHER'S MAIDEN NAME: Darlene Emerick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Kenneth Shroyer, Hyndman, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Premature 6 mos baby

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Birth injury due to Face presentation

(c) and premature

INTERVAL BETWEEN ONSET AND DEATH: 17 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5 3:45 a.m., 1952, to Dec 5 10:30 p.m., 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Kenneth Shroyer, M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Dec 6 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12.6.52 — NAME OF CEMETERY OR CREMATORY: Comps Ceretery — LOCATION (City, town, or county) (State): Somerset County, Pa.

DATE REC'D BY LOCAL REG.: Dec. 6, 1952 — REGISTRAR'S SIGNATURE: Winter K. Frank M.D. — 24. FUNERAL DIRECTOR / ADDRESS: Harvey D. Feigley, Hyndman, Pa.

(21 V 2 257)

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]75

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (In this place): 36 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Pa. COUNTY: Bedford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hyndman, Pa. RD#1

STREET ADDRESS (If rural, give location):

| 3. NAME OF DECEASED: (First) | (Middle) | (Last) | 4. DATE OF DEATH: (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Jody Ken | | Shroyer-twin | 12 | 6 | 1952 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | White | Single | 12/5/1952 | ~~30 Hrs~~ yrs. | | 1 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| No | Infant | Cumberland Md | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Kenneth Shroyer | DarleneEmerick |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| no — no | none | Mrs. Kenneth Shroyer Hyndman, Pa. RD#1 |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

761.5

Immediate cause — (a) Premature 6 mos baby — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Prematurity — DUE TO

(c) Malformation

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 11/5/52 to 12/6/52 that I last saw the deceased alive on 12-6-52, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thomas G. Murray M.D. Cumberland Md Dec 7 52

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/8/1952 | Comps Cemetery | Hyndman, Pa. RD#1 |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 8, 1952 | Walter K. Mantz, M.D. | Harvey H. Zeigler | Hyndman, Pa. |

21V - 31 - 51

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14076

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits write RURAL) OR TOWN (and give nearest town) Cumberland
LENGTH OF STAY (in this place) 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 645 Columbia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 645 Columbia Ave

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) F (Last) Sowers

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 4 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Interior decorator

10b. KIND OF BUSINESS OR INDUSTRY: Wall Paper.

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas F Sowers

14. MOTHER'S MAIDEN NAME: Margaret Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Chas F Sowers, Cumberland Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Hodgkins Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 mos

2 cc

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1952 to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Rich. Jones Asst Mgr. ADDRESS Cumberland Md DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 9 52 NAME OF CEMETERY OR CREMATORY St Peter & Paul's Cem LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 9, 1952 REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland

VS: A15

DEC
U. S.

Within corporate limits — Date Shipped 1-5-53 ams
Item 18 Film G14

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14077

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Pennsylvania — COUNTY: Mercer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharon
STREET ADDRESS (If rural give location): 121 First Street

**3. NAME OF DECEASED:** (Type or Print) (First) Wayman (Middle) Alva (Last) Stansberry

**4. DATE OF DEATH:** (Month) (Day) (Year) December 10 19 52

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** March 21, 1892

**9. AGE last birthday:** 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Maintenance Worker

**10b. KIND OF BUSINESS OR INDUSTRY:** Nat'l Malleable Steel Co.

**11. BIRTHPLACE** (State or foreign country): Newburg, W. Va.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Stephen Stansberry

**14. MOTHER'S MAIDEN NAME:** Dorothy Squires

**15. WAS DECEASED EVER IN U.S ARMED FORCES?** (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) W.W. 1

**16. SOCIAL SECURITY NO.:** 210-01-6424

**17. INFORMANT & ADDRESS:** Mrs. Olive S. Stansberry

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

195X

Immediate cause (a) .. DUE TO: Brain Tumor (Pituitary Tumor) — Interval Between Onset And Death: 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO: Acidophilic Adenoma of Pituitary.

(c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☑ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Dec, 10, 1952, that I last saw the deceased alive on Dec, 10., 1952, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE: B. M. Schneider M.D. (Degree or title) — ADDRESS: 41 Fremont, Cumberland — DATE SIGNED: Dec 14/52

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: Dec. 13, 1952 — NAME OF CEMETERY OR CREMATORY: Bluemont Cemetery — LOCATION (City, town, or county): Grafton, W.Va. — (State)

DATE REC'D BY LOCAL REGISTRAR: Dec. 15, 1952 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

**24. FUNERAL DIRECTOR:** John J. Hafer, Cumberland, Maryland — ADDRESS

VS/ A15

DEC
BUR

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

1467

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): E. Main St.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) (Last) Stewart
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Nov. 27. 1888
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Robert Dirk
14. MOTHER'S MAIDEN NAME: Jean Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Archibald Stewart (Son)

18. MEDICAL CERTIFICATION — Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary embolism | 24 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of the breast with | |
| 170 X | (c) Metastasis to liver. | ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 2-1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the right breast.
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H.V. Deming M.D. H.V. Deming M.D. | | Cumberland, Md. | Dec. 3-1952 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 5 1952 | Oak Hill Cemetery | Lonaconing, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12-5-52 | Mrs. Nancy N. Rae | George Eichhorn | Lonaconing, Md. |

VS-15A

T

Within corporate limits

14079

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 2 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) Jane Frazier Village

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Rosella (Last) Stewart

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: July 17-1894

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Paw Paw, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Light

14. MOTHER'S MAIDEN NAME: Hannah Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Roy Hare (son-in-law) 810 Memorial Ave City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intracranial hemorrhage due to a | |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) fractured skull. | 2 hrs. |
| | (c) Fell down cellar steps. | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✱ OR CONTRIBUTING ✱ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home of daughter; (CITY OR TOWN) Cumberland; (COUNTY) Allegany; (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Dec.15/52 P. 4.45 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Going down cellar, caught heel on top step, hit head on concrete floor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Dec.15-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Dec. 19, 1952; NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery; LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 16, 1952; REGISTRAR'S SIGNATURE Wynter K. Hantz, M.D.; 24. FUNERAL DIRECTOR James F. Scarpelli; ADDRESS "

VS. 1-52

DR. DEMING

14,580

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY ALLEGANY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (In this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA; COUNTY HAMPSHIRE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MICHAEL (Last) TAYLOR
4. DATE OF DEATH (Month) DECEMBER (Day) 17, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE
8. DATE OF BIRTH 1/27/49
9. AGE Last birthday 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) WINCHESTER, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WESLEY M. TAYLOR
14. MOTHER'S MAIDEN NAME BEATRICE HAINES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SHOCK, SECOND & THIRD DEGREE BURNS OF BODY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

Interval between onset and death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING ☐ * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME
(CITY OR TOWN) ROMNEY (COUNTY) HAMPSHIRE (STATE) W.VA.
TIME OF INJURY (Month) DEC. (Day) 16, (Year) 1952 (Hour) 11:30 A. m.
INJURY OCCURRED While at work ☐ Not while at work *
HOW DID INJURY OCCUR? UPSET PAN OF WATER ON SELF ACCIDENTALLY.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.V. DEMING, M.D. H.V. Deming M.D. CUMBERLAND, MARYLAND 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 19 Dec 52
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) Romney, (State) W. Va.
DATE REC'D BY LOCAL REG. Dec. 17, 1952
REGISTRAR'S SIGNATURE Walter K. Hartz, M.D.
24. FUNERAL DIRECTOR Thrush's
ADDRESS Romney, W. Va.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14081

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Cumberland
LENGTH OF STAY (in this place) 10/13/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 130 East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Jane (Last) Thomas

4. DATE OF DEATH: (Month) December (Day) 12, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months / Days IF UNDER 24 HRS. Hours , Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired -

10b. KIND OF BUSINESS OR INDUSTRY: Teacher Public Sch.

11. BIRTHPLACE (State or foreign country): Great Britain Cwmtusch, South Wales,

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Thomas (Rev.)

14. MOTHER'S MAIDEN NAME: Margaret Thomas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) DUE TO General arteriosclerosis — ?

(c) Secondary anemia, — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13 1952 to Dec. 12 1952, that I last saw the deceased alive on Dec. 11 1952 and that death occurred at 6.18 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 13, 1952 NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park LOCATION (City, town, or county) Frostburg (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 13, 1952 REGISTRAR'S SIGNATURE Walter K. Hartz, M.D.

24. FUNERAL DIRECTOR Jacob Hafer ADDRESS "

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14082

Dr. Fred Williams

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN MUST BE VOID FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland

LENGTH OF STAY (in this place): 61 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 108 Wilmont Ave.

**3. NAME OF DECEASED: (Type or Print)** (First) Freda (Middle) Genevieve (Last) Tracy

**4. DATE OF DEATH:** (Month) Dec. 12, (Day) (Year) 19 52

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Married

**8. DATE OF BIRTH:** Mar. 23, 1900

**9. AGE last birthday:** 52 yrs. IF UNDER 1 YEAR: Months / IF UNDER 24 HRS.: Days / Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Thomas, W. Va.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** George Spencer

**14. MOTHER'S MAIDEN NAME:** Marie Geisberger

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) None

**17. INFORMANT & ADDRESS:** Mr. Harry Tracy Cumberland, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebellar Tumor — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) About 8 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** Sept 5 '52

**19b. MAJOR FINDINGS OF OPERATION:** Operation Dr. of Md Hosp + Above Found

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26 19 52, to 12-12 19 52, that I last saw the deceased alive on 12-11 19 52, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE: Wm F. Williams M.D. (DEGREE OR TITLE) ADDRESS: Cumberland — DATE SIGNED: 12-14-52

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF: 12-15-1952

NAME OF CEMETERY OR CREMATORY: HillCrest Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 15, 1952

REGISTRAR'S SIGNATURE: Walter R. Manly, M.D.

**24. FUNERAL DIRECTOR** ADDRESS: Charles L. George Cumberland, Md.

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Allegany — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1303 Lafayette Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland, Maryland
STREET ADDRESS (If rural give location): 1303 Lafayette Avenue

**3. NAME OF DECEASED:** (Type or Print) (First) Kathleen (Middle) (Last) Twigg

**4. DATE OF DEATH:** (Month) December (Day) 18 (Year) 19 52

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Single | January 16, 1903 | 49 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Kitchen Worker | Memorial Hospital | Cumberland, Maryland | U.S.A. |

**13. FATHER'S NAME:** Ashby Twigg

**14. MOTHER'S MAIDEN NAME:** Florida Shryock

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| No | | 217-10-7265 | Mrs. Florida Shryock, Mother |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| +Immediate cause | (a) Uraemia DUE TO | 6 wks |
| 416 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Chronic Rheumatic Carditis DUE TO | 18 mon. |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from June, 1951, to June 18, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clay R. Lowrey - M.D. — ADDRESS: Cumberland — DATE SIGNED: 12/18/52

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 20, '52 | Oldtown Cemetery | Oldtown, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec. 19, 1952 | Walter R. Hardy, M.D. | John J. Hafer, Cumberland, Maryland | |

DEC
BUREAU V. S.

Within corporate limits

14084

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Hampshire; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Points; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Ullery

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 10-1857

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roderick Snyder

14. MOTHER'S MAIDEN NAME: Lydia Lahman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital records

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic congestion of the lungs — Interval between onset and death: 13 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to fracture of left femur.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home

(CITY OR TOWN) Points (COUNTY) (STATE) W.Va.

TIME OF INJURY (Month) Oct. (Day) 25/52 (Year) (Hour) 1.30 p. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY Ooccur? Fell to the floor at her home and fractured her leg.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Dec.8--1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 10, 1952

NAME OF CEMETERY OR CREMATORY: Salem Cemetery

LOCATION (City, town, or county) (State): Salem, West Virginia

DATE REC'D BY LOCAL REGISTRAR: Dec. 8, 1952

REGISTRAR'S SIGNATURE: Winter R. Hartz, M.D.

24. FUNERAL DIRECTOR: Charles L. George

ADDRESS: Cumberland, Md.

Within corporate limits

DR. A. JONES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14085

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   MARYLAND
   LENGTH OF STAY (in this place): 10 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
   STREET ADDRESS (If rural give location): 435 INDEPENDENCE STREET

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) Micheal (Last) WALSH

4. DATE OF DEATH: (Month) DEC. (Day) 11 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 17 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cumb Brewery Co

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALSH, MANNIS

14. MOTHER'S MAIDEN NAME: ARNOLD, HELEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-5406

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkin's Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 mo

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: about 12-4-52

19b. MAJOR FINDINGS OF OPERATION: Biopsy positive for Hodgkin's

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1952, to 12-11, 1952, that I last saw the deceased alive on 12-11, 1952, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE: Arthur F. Jones (Degree or Title): M.D. ADDRESS: 329 Cumberland St. DATE SIGNED: 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Dec 15 1952 NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 14, 1952 REGISTRAR'S SIGNATURE: Walter K. Hauk, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

VS. A1E

Within corporate limits

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14086

## CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A

1. PLACE OF DEATH:
COUNTY Allegany. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Cumberland
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 118 N. Chase St

3. NAME OF DECEASED: (Type or Print) (First) Nola (Middle) Louise (Last) Weaver

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 14, 1915

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H Norris

14. MOTHER'S MAIDEN NAME: Mary D Lowery

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George Weaver. Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 Immediate cause (a) DUE TO Status asthmaticus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Bronchial Asthma

(c)

Interval Between Onset And Death: 6 hrs. years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to Dec. 26, 1952 that I last saw the deceased alive on Dec. 26, 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. M. Schindler MD ADDRESS 41 Greene St Cumberland Md DATE SIGNED 12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/29/52

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 28, 1952

REGISTRAR'S SIGNATURE Walter K. Mantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland, Md.

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14087

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Rural, Frostburg
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D. 2, Frostburg, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Julia Anna (Middle) Rae (Last) Wellings

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29th, 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Rae

14. MOTHER'S MAIDEN NAME: Sophia Eisel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: George Wellings, Sr., R.D.2, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Hypertension — Interval Between Onset And Death: several years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 3 weeks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 , to Dec 31 , 1952 that I last saw the deceased alive on Dec 31 , 1952 and that death occurred at 4:05 A. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. McKane M.D. — Dr. Kemp M.D. — Dec 31 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-2-1953

NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-2-53 1-2-53

REGISTRAR'S SIGNATURE: Mrs. Stanley N. Rae

24. FUNERAL DIRECTOR: Joseph R. Durst, Frostburg, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14088 /

# CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH
COUNTY Alleghany. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Alleghany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizebeth (Last) Wilson.

4. DATE OF DEATH: (Month) 12. (Day) 1.52. (Year) 19

5. SEX: Female.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 26. 187[illegible]

9. AGE last birthday: .82. yrs.

If under 1 year Months Days: 2 3.

If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Alleghany County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Zeigler.

14. MOTHER'S MAIDEN NAME: Bridget. Donnehoe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) NO.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Leo B Wilson, Little Orleans. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 286.5 Immediate cause | (a) Malnutrition | 2 weeks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Senility | ??? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28/52, 19[illegible], to 12/30, 1952, that I last saw the deceased alive on 12/30/52, and that death occurred at 10.30 m., from the causes and on the date stated above.

SIGNATURE H Fuller MD (Degree or title) ADDRESS Hancock Md DATE SIGNED 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12141521 | NAME OF CEMETERY OR CREMATORY: St Petrick,s Catholic | LOCATION (City, town, or county) (State): Little Orleans Md.

DATE REC'D BY LOCAL REG. 12/4/52 | REGISTRAR'S SIGNATURE: H H Fuller, Marie Twigg - m3.

24. FUNERAL DIRECTOR: Howard E Grove ADDRESS Hancock md

RECEIVED
DEC 10 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

14089

Reg. Dist. No. 4

DR. R. WILLIAMS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 731 BEDFORD STREET

3. NAME OF DECEASED: (Type or Print) (First) VIRGIL (Middle) T. (Last) WOLFORD

4. DATE OF DEATH: (Month) DECEMBER (Day) 11, (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: FEBRUARY 12, 1866

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Cigar Tobacco Shop

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB WOLFORD

14. MOTHER'S MAIDEN NAME: MARY MARGART

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Nephritis — —

DUE TO (c) Generalized Arteriosclerosis — —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/10/51, 19..... to 12/11/52, 19....., that I last saw the deceased alive on 12/9/52, 19....., and that death occurred at 12:55 A.M. from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) MD ADDRESS Cumberland Md DATE SIGNED 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 13 1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) Cumberland, Maryland (STATE)

DATE REC'D BY LOCAL REGISTRAR Dec. 15, 1952

REGISTRAR'S SIGNATURE Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR Charles L. George, ADDRESS "

VS. A15

RECEIVED
DEC 17
BUREAU V. S.